Health, Welfare Public Service

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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED NOV 15 1956

# THE DIVISION OF HEALTH OF MISSOURI
## STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 34393

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 488

**1. PLACE OF DEATH**
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Independence — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Sanitarium — Length of stay in 1b: 10 wks

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: Jackson
c. CITY OR TOWN: Independence — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 1423 Willow — Reside on Farm: Yes [ ] No [ ]

**3. NAME OF DECEASED** (Type or print): First: Louis — Middle: A. — Last: Weir

**4. DATE OF DEATH**: Month Day Year: Nov. 6, 1956

**5. SEX**: male
**6. COLOR OR RACE**: white
**7. MARRIED** [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]
**8. DATE OF BIRTH**: Aug. 5, 1904
**9. AGE** (In years last birthday): 52 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Moulder
**10b. KIND OF BUSINESS OR INDUSTRY**: Foundry
**11. BIRTHPLACE** (City and state or country): Warrensburg, Mo.
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13. FATHER'S NAME**: E. E. Weir
**14. MOTHER'S MAIDEN NAME**: Verna Mann

**15. WAS DECEASED EVER IN U. S. ARMED FORCES?** (Yes, no, or unknown): no — (If yes, give war or dates of service): none
**16. SOCIAL SECURITY NO.**: 487-09-6529
**17. INFORMANT** Address: Mrs. Gladys Weir, Independence, Mo.

**MEDICAL CERTIFICATION**

**18. CAUSE OF DEATH** [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Pneumonia, bilateral, hypostatic.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Lymphosarcoma, primary Mediastinum, with generalized metastasis.
DUE TO (c):

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 1981

**19. WAS AUTOPSY PERFORMED?** YES [X] NO [ ]

**20a. ACCIDENT** [ ] **SUICIDE** [ ] **HOMICIDE** [ ]
**20b. DESCRIBE HOW INJURY OCCURRED.** (Enter nature of injury in Part I or Part II of item 18.)
**20c. TIME OF INJURY** Hour a. m. p. m. Month, Day, Year
**20d. INJURY OCCURRED** WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
**20e. PLACE OF INJURY** (e. g., in or about home, farm, factory, street, office bldg., etc.)
**20f. CITY, TOWN, OR LOCATION** COUNTY STATE

**21.** I attended the deceased from Aug. 30, 1956, to _____ and last saw her/him alive on 11-6-56
Death occurred at 1:45A m on the date stated above; and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE** (Degree or title): Robert H. Fitzgerald M.D.
**22b. ADDRESS**: 10901 Winner Road., Indep.
**22c. DATE SIGNED**: 11-7-56

**23a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**23b. DATE**: 11/8/56
**23c. NAME OF CEMETERY OR CREMATORY**: Floral Hills Cem.
**23d. LOCATION** (City, town, or county) (State): Raytown, Mo.

**24. FUNERAL DIRECTOR** ADDRESS: Geo. C. Carson Independence, Mo.
**25. DATE RECD. BY LOCAL REG.**: 11-8-56
**26. REGISTRAR'S SIGNATURE**: [signature]

(Licensed Embalmer's Statement on Reverse Side)

54-C

NOV 13 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was en

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student .....
Signature of Student Embalmer

Signed Tom D. Marklan

Licensed Embalmer No. 45

P. O. Address Indep

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING (
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.